

Contract Information Represented Units	Professional Engineers and Technicians PETA	Fremont Association of City Employees (FACE) SEIU 790 & Confidential EE's (CONF) FACE/ CONF	Teamster Local #856 Police Dept Non Sworn	Operating Engineers Local #3	Fire IAFF Local 1689	Battalion Chiefs IAFF Local 1689	Fremont Police Association FPA
Contract Date	7/1/02 - 6/30/06	7/1/03 - 6/30/07	7/1/03 - 6/30/05	7/1/03 - 6/30/05	7/1/99 - 6/30/06	3/1/04 – 6/30/08	7/1/99 - 6/30/06
Last Salary Increase	6/27/04 - 3.185%	6/27/04 - 3.185%	6/27/04 - 3.185%	6/27/04 - 3.185%	6/27/04 – 4.0%	6/27/04 – 4.0%	6/27/04 – 4.0%
Next Salary Increase Schedule	6/26/05 - CPI 3-5%	2005-2007 To be determined	To be determined	To be determined	6/26/05 - 4% 1/1/06 - Possible 1% Market Adjustment	6/26/05 - 4% 1/1/06 - Possible 1% Market Adjustment 2006 - 2007 to be determined	6/26/05 - 4% 1/1/06 - Possible 1% Market Adjustment
PERS Retirement Plan Single Highest Year 4th Level Survivor City Contribution Member Contribution PERS Deductions IRS 414 (h2)	2.5% @ 55 12.944% 8%	2.5% @ 55 12.944% 8%	2.5% @ 55 12.944% 8%	2.5% @ 55 12.944% 8%	3% @ 50 25.955% 9%	3% @ 50 25.955% 9%	3% @ 50 25.955% 9%
Deferred Compensation	Voluntary EE pays	Voluntary EE pays	Voluntary EE pays	Voluntary EE pays	Voluntary EE pays	Voluntary EE pays	Voluntary EE pays
City Contribution to 401 (a)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Car Allowance	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Uniform (Annual)	N/A	\$600 or \$750 (Depends on Classification)	\$500, \$600, or \$650 (Depends on Classification)	N/A	\$450	\$450	\$1,500
Shoes (Annual)	N/A	N/A	N/A	\$150	N/A	N/A	N/A
Gloves (Annual)	N/A	N/A	N/A	\$50	N/A	N/A	N/A
Tools (Annual)	N/A	N/A	N/A	\$500	N/A	N/A	N/A
Training Pay	N/A	5% of Base Pay – 5 day minimum	5% of Base Pay	N/A	\$150 monthly	N/A	N/A
Educational Incentive Pay	N/A	N/A	N/A	N/A	Level 1 = \$ 64 mo Level 2 = \$128 mo Level 3 = \$218 mo (See MOU for requirements)	Level 1 = \$ 64 mo Level 2 = \$128 mo Level 3 = \$218 mo (See MOU for requirements)	Level 1 = 2.5% of base pay Level 2 = 5% of base pay (See MOU for requirements)

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Tuition Reimbursement	N/A	\$800 per EE per fiscal year: \$15,000 per bargaining unit per fiscal year	N/A	\$600 per EE per fiscal year	N/A	N/A	N/A
Special Pay Types	N/A	N/A	5% of base pay for Admin Assignment while on 40 hr schedule 3.72% of base pay for 40 hr schedule premium 5% of base pay for Crime Scene Specialist pay	HVAC or Electrical 5% of base pay for days assigned Control System 10% of base pay	Hazmat Assignment 5% of base pay ParaMed 10% of Firefighter Step 5 EMT \$60 Mo Staff Capt 17.5% of base pay Tiller Pay - \$.0625 Hr Staff Assignment (40 hr Schedule) 7.5% of base pay	EMT \$60 Mo Staff Assignment (40 hr Schedule) 7.5% of base pay	5% of base pay for specific assignments (See MOU for details) Bilingual Pay \$100/mo
Acting Pay	5% of base pay 5 day minimum 10% Acting in Mgmt Class 5 day minimum	Greater of 1 st step of higher class or 5%-5 day minimum. Greater of bottom of salary range or 10% of base pay for Acting in Mgmt class-5 day minimum	5% of base pay 5 day minimum (cumulative over fiscal year)	5% of base pay 5 day minimum (cumulative over fiscal year)	5% of base pay (See MOU for exceptions)	5% of base pay (See MOU for exceptions)	5% of base pay after 40 hour minimum (cumulative over fiscal year)
Call Back Pay	2 hours @ 1.5 OT	2 hours @ 1.5 OT	2 hours @ 1.5 OT	2 hours @ 1.5 OT	3 hours @ 1.5 OT (See MOU for exceptions)	3 hours @ 1.5 OT (See MOU for exceptions)	2 hours @ 1.5 OT
Stand By Pay	Base Pay 1 hr for <8 hrs 2 hrs for >8-16 hrs 3 hrs for >16-24 hrs	N/A	N/A	N/A	N/A	N/A	\$100 Week for Investigator
Court Pay	4 hrs @ 1.5 OT on day off	4 hrs @ 1.5 OT on day off	4 hrs @ 1.5 (see MOU for details)	N/A	N/A	N/A	4 hours @1.5 OT (See MOU for details)

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Anniversary Pay/Bonus	N/A	One Time Bonus 14 Years = \$500 19 Years = \$500	One Time Bonus 14 years = \$500 19 years = \$500	One Time Bonus 20 years = \$500	N/A	N/A	N/A
Longevity Pay	N/A	N/A	N/A	N/A	19 yrs = Add'l 1.8% of base pay 26 years = Add'l 5.8% of base pay 27 years = Add'l 3.0% of base pay 28 years = Add'l 1.4% of base pay	19 yrs = Add'l 1.8% of base pay 26 years = Add'l 5.8% of base pay	19 yrs = Add'l 2.5% of base 24 years = Add'l 2.3% of base pay 26 years = Add'l 4.6% of base pay 27 years = Add'l 2.3% of base pay 28 years = Add'l 1.2% of base pay
City Paid Health Benefits Allowance (HBA) Excess HBA over premium amount is paid to employee as taxable ABC Cash (cafeteria plan)	1/1/04: HBA \$880/mo CalPERS Health Plans Premium varies (HBA includes Dental Allowance) 1/1/05: HBA \$968 ABC cap begins of \$880 mo 1/1/06: HBA \$1,065	1/1/04: HBA \$724.29/mo CalPERS Health Plans Premium varies ABC cap \$580	7/1/04: HBA \$893/mo Premium for Teamster coverage is \$1057.20 monthly. 01/1/04: \$580.00 ABC cap	10/1/03: HBA \$872/mo or amount of premium Premium for OE3 coverage is \$825.00 monthly. ABC cap \$580 monthly 10/1/04: HBA \$959/mo	1/1/04: HBA \$701 mo CalPers Health Plans, Premium varies 1/1/05: HBA Kaiser family rate not to exceed \$771 1/1/06: HBA Kaiser family rate not to exceed \$848	1/1/04: HBA \$701 mo CalPers Health Plans, Premium varies 1/1/05: HBA Kaiser family rate not to exceed \$771 1/1/06: HBA Kaiser family rate not to exceed \$848	1/1/04: HBA \$701 mo CalPers Health Plan Premium varies 1/1/05: Kaiser family rate not to exceed \$771 1/1/06: Kaiser family rate not to exceed \$848
Dental Plans Premiums eff. 1/1/04	Delta EE = \$ 35.27 mo Delta E1 = \$ 64.85 mo Delta E2= \$104.43 mo (Paid from HBA above)	1/1/04: HBA \$125.71/mo Delta Dental Plan= \$125.71 mo Pacific Union Dental= \$76.02 mo Mandatory enrollment - in one plan	Coverage is Included in Trust Premium Above	Coverage is Included in Trust Premium Above	7/1/03: \$178.31/mo for Dental and LTD coverage 7/1/03 thru 6/30/05 Max increase of 10% over prior year's premium amount or actual premium	7/1/03: \$178.31/mo for Dental and LTD coverage 7/1/03 thru 6/30/07 Max increase of 10% over prior year's premium amount or actual premium	7/1/02 per EE \$143 monthly to Association 7/1/03 thru 6/30/06 10% over prior year's rate or actual premium
Vision Care (Vision Service Plan) Voluntary enrollment Premiums eff. 1/1/03	EE= \$8.74 E1=\$13.86 E2=\$24.85	EE= \$8.74 E1=\$13.86 E2=\$24.85	Coverage is Included in Trust Premium Above	Coverage is Included in Trust Premium Above	N/A	N/A	N/A

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City Paid Life Insurance	\$50,000 Coverage \$7.00 monthly Dep Cov \$1,500 \$0.35 monthly	\$45,000 Coverage \$6.30 monthly Dep Cov \$1,500 \$0.35 monthly	\$50,000 Coverage \$7.00 monthly Dep Cov \$1,500 \$0.35 monthly	\$30,000 Coverage \$4.20 monthly Dep Cov \$1,500 \$0.35 monthly	\$25,000 Coverage \$3.50 monthly Dep Cov \$1,500 \$0.35 monthly	\$25,000 Coverage \$3.50 monthly Dep Cov \$1,500 \$0.35 monthly	\$35,000 Coverage \$4.90 monthly Dep Cov \$1,500 \$0.35 monthly
Supplemental Life Insurance - Voluntary \$10,000 to \$300,000 Optional Employee, Spouse, and Family Coverage is available	Employee pays, premium varies by employee age	Employee pays, premium varies by employee age	Employee pays, premium varies by employee age	Employee pays, premium varies by employee age	Employee pays, premium varies by employee age	Employee pays, premium varies by employee age	Employee pays, premium varies by employee age
AD&D Insurance - Voluntary Employee/Spouse/ and Family coverage available	Employee pays, Premium cost varies by volume and type of coverage	Employee pays, Premium cost varies by volume and type of coverage	Employee pays, Premium cost varies by volume and type of coverage	Employee pays, Premium cost varies by volume and type of coverage	Employee pays, Premium cost varies by volume and type of coverage	Employee pays, Premium cost varies by volume and type of coverage	Employee pays, Premium cost varies by volume and type of coverage
Long Term Disability Insurance Monthly Premium effective 1/1/03	Monthly Benefit limit is 2/3 of Base Salary Premium is .80% of base salary Max Sal=\$15,000 Mo Voluntary=EE Paid	Monthly Benefit limit is 2/3 of Base Salary Premium is .80% of base salary Max Sal=\$15,000/mo Voluntary=EE Paid CONF is City Paid	Monthly Benefit limit is 2/3 of Base Salary Premium is .80% of base salary Max Sal=\$15,000/mo Voluntary=EE Paid	Monthly Benefit limit is 2/3 of Base Salary Premium is .80% of base salary Max Sal=\$15,000/mo Voluntary=EE Paid	Included in Dental Plan Allowance	Included in Dental Plan Allowance	\$48.16 monthly/per employee paid to Association
Employee Assistance Plan City Paid	\$4.23 monthly	\$4.23 monthly	\$4.23 monthly	\$4.23 monthly	\$4.23 monthly	\$4.23 monthly	\$4.23 monthly

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Retiree Health Benefits Retirees have an option to remain under a City plan or enroll in a plan not sponsored by the City and still receive a reimbursement of premium costs up to the maximum amount specified in the MOU.	7/1/02: up to \$200.00 month	1/1/04: up to \$170.00 month	12/31/93: up to \$130.00 month	7/03: up to \$763 Month	Varies by Retire Date & Yrs of Service* <u>Retired on or before 11/1/99</u> \$210.17 monthly Surviving Spouse benefit = \$100 per mo <u>Retired on or after 11/2/99:</u> 0-24 years = \$10.00 per service year 25 + yrs = Kaiser two-party coverage in effect at retirement. Surv Spouse Benefits: 10-14 Yrs = \$ 90.00 15 Yrs = \$ 97.50 16 Yrs + = \$100.00 *provides for up to 10 years of service credit with other fire agencies	Varies by Retire Date & Yrs of Service* <u>Retired on or before 11/1/99</u> \$210.17 monthly Surviving Spouse benefit = \$100 per mo <u>Retired on or after 11/2/99:</u> 0-24 years = \$10.00 per service year 25 + yrs = Kaiser two party coverage in effect at retirement. Surv Spouse Benefits: 10-14 Yrs = \$ 90.00 15 Yrs = \$ 97.50 16 Yrs + = \$100.00 *provides for up to 10 years of service credit with other fire agencies	Varies by Retire. Date & Yrs of Service* <u>Retired prior to 8/1/99</u> Up to 20 years = \$150 per mo 20 & over = \$210.17 <u>Retiring on or after 8/1/99</u> 0-14 years = \$ 0.00 15-19 years = \$6.50 per service year 20-24 years = Kaiser single party rate on the date of retirement. 25+ years = Kaiser two party rate on the date of retirement *provides up to 10 years of service credit with other law enforcement agencies
Vacation Accrual	N/A	N/A	N/A	N/A	56 Hr. Schedule 1 - 5 = 158 hrs 6 - 10 = 204 hrs 11 - 15 = 250 hrs 16 - 20 = 283 hrs 21 - 26 = 295 hrs 27 = 127 hrs 28 = 41 hrs 29+ = 0	56 Hr. Schedule 1 - 5 = 158 hrs 6 - 10 = 204 hrs 11 - 15 = 250 hrs 16 - 20 = 283 hrs 21 - 26 = 295 hrs 27 = 127 hrs 28 = 41 hrs 29+ = 0	1 - 5 = 96 hrs 6 - 10 = 120 hrs 11 - 15 = 136 hrs 16 - 20 = 160 hrs 21 - 26 = 168 hrs 27 = 72 hrs 28 = 24 hrs 29+ = 0
Sick Leave	N/A	N/A	N/A	N/A	Accrue 12 hrs monthly	Accrue 12 hrs monthly	Accrue 8 hrs monthly

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Annual Leave-General (General Leave Hours accrue in place of Vacation and Sick Leave Hours)	0-5 = 192 hrs 6-10 = 216 hrs 11-15 = 240 hrs 16+ = 264 hrs	FACE 0 - 5 = 192 hrs 6 - 10 = 216 hrs 11 - 15 = 240 hrs 16 + = 264 hrs CONF 0 - 5 = 210 hrs 6 - 10 = 234 hrs 11 - 15 = 258 hrs 16 + = 282 hr	0-5 = 192 hrs 6-10 = 216 hrs 11-15 = 240 hrs 16+ = 264 hrs	0-5 = 192 hrs 6-10 = 216 hrs 11-15 = 240 hrs 16+ = 264 hrs	N/A	N/A	N/A
Maximum Accruals (Excess hours roll over to a sick leave bank)	1.5 x annual accrual excess Sick Leave Bank limit 300 hrs	1.5 x annual accrual excess Sick Leave Bank limit 520 hrs	1.5 x annual accrual excess Sick Leave Bank limit 300 hrs	1.5 x annual accrual excess Sick Leave Bank limit 350 hrs	2 x annual accrual	2 x annual accrual	2 x annual accrual excess to sick leave Sick/Sabb limit 1040 hours
Leave liquidation program	N/A	N/A	N/A	N/A	Sick Leave Incentive (See MOU for details)	Sick Leave Incentive (See MOU for details)	Sick Leave Incentive (See MOU for details)
Floating Holiday (Non-Accruable annual use or lose)	8 hrs	8 hrs	8 hrs	8 hrs	N/A	N/A	8 hrs
Holidays - Annual	12 days paid	12 days paid	12 days paid	12 days paid	144 hrs bank with pay out options (See MOU for details)	144 hrs bank with pay out options (See MOU for details)	96 hrs bank with payout option (See MOU for details)
Catastrophic Leave Bank: 30 day max to bridge gap to LTD	350 hours/fiscal year for bargaining unit	1000 hours/fiscal year for bargaining unit. Up to 12 hours may be used for bereavement-see MOU	500 hours for bargaining unit	500 Hours/fiscal year for bargaining unit	N/A	N/A	N/A
Bereavement Leave	2 days (16 hours)	See above	3 days (24 hours)	N/A	3 shifts for 56 hr shift or 5 days for 40 hr shift	3 shifts for 56 hr shift or 5 days for 40 hr shift	Up to 5 days (40 hours)
Personal Emergency Leave Bank	Donations of hours from other employees	Donations of hours from other employees	Donations of hours from other employees	Donations of hours from other employees	Donations of hours from other employees	Donations of hours from other employees	N/A

Note: The Human Resources Department has prepared this benefit Summary to provide a reference tool for staff and other agencies. The information has been compiled using current MOU information and is only a brief summary of benefits. Please see the MOU's for specifics. MOU's are posted on the City's Intranet (internal) and internet sites. The UFO'S (Unrepresented Fremont Officials – at will) and UME (Unrepresented Management Employees) do not have an MOU but have annual contracts which provide benefits similar to the FAME MOU however; their benefits may not be exactly the same as the FAME group.

Contract Information Represented Units	City Manager	City Attorney	Fremont Association of Management Employees FAME	Safety Management FAME	Unrepresented Fremont Officials UFO's Department City Mgr/ Asst City Mgr (2)	Unrepresented Management Employee UME	
Contract Date	7/1/03	7/1/03	7/1/01-6/30/07	7/1/01-6/30/07	N/A	N/A	
Last Salary Increase	6/27/04 - 3.185%	6/27/04 - 3.185%	6/27/04 - 3.185%	6/27/04 - 4%	6/27/04 - 3.185%	6/27/04 - 3.185%	
Next Salary IncreaseSchedule	To be determined	To be determined	6/26/05 - 4% 1/1/06 - Possible 1% Market Adjustment 6/25/06 - 4%	6/26/05 - 4% 1/1/06 - Possible 1% Market Adjustment 6/25/06 - 4%	6/26/05 - 4% 1/1/06 - Possible 1% Market Adjustment 6/25/06 - 4%	6/26/05 - 4% 1/1/06 - Possible 1% Market Adjustment 6/25/06 - 4%	
PERS Retirement Plan Single Highest Year 4 th Level Survivor City Contribution Member Contribution PERS Deductions IRS 414 (h2)	2.5% @ 55 12.944% 8%	2.5% @ 55 12.944% 8%	2.5% @ 55 12.944% 8%	3% @ 50 25.955% 9%	2.5% @ 55 12.944% 8%	2.5% @ 55 12.944% 8%	
Deferred Compensation	City Contributes annual maximum limit to 457 plan	City Contributes annual maximum limit to 457 plan	Voluntary EE Pays Exception: Neighborhood Res. Mgr - \$2,000	Voluntary EE Pays	Annual City Contribution: Asst. City Attney - \$2000 Asst. City Mgr. - \$8,500 Deputy City Mgr. - \$11,000 Econ. Dev. Dir. - \$11,500 Finance Dir. - \$4,000 HR Dir. - \$4000 Info. Sys. Mgr. - \$4000	NA	
City Contribution to 401 (a)	6.91% of base salary	3.4% of base salary	2% of base salary	N/A	1% of base salary	1% of base salary	
Car Allowance	N/A	N/A	N/A	N/A	Asst. City Attorney - \$450/mo Economic Dev. Dir. - \$450/mo Redevelopment Agency Dir. - \$250/mo Asst. City Mgr.- \$450/mo	NA	
Uniform (Annual)	N/A	N/A	Clinical Nurse ED & Hazmat Manager - \$1,000	\$1,500 Police \$1,000 Fire	N/A	N/A	

Contract Information Represented Units	City Manager	City Attorney	Fremont Association of Management Employees FAME	Safety Management FAME	Unrepresented Fremont Officials UFO's Department City Mgr/ Asst City Mgr (2)	Unrepresented Management Employee UME	
Tuition Reimbursement	N/A	N/A	Tuition Reimbursement Max \$12,500 Per EE For period of 7/1/02 to 6/30/07	Tuition Reimbursement Max \$12,500 Per EE For period of 7/1/02 to 6/30/07	N/A	N/A	
Longevity Pay	N/A	N/A	N/A	24 yrs = add'l 2.3% of base pay	N/A	N/A	
Acting Pay	N/A	N/A	Assignment exceeding 3 weeks discretionary premium pay	Assignment exceeding 3 weeks discretionary premium pay			
Management Incentive Pay	N/A	N/A	City Manager discretion – premium pay for working outside normal scope of duties	City Manager discretion - premium pay for working outside normal scope of duties	City Manager discretion - premium pay for working outside normal scope of duties	City Manager discretion - premium pay for working outside normal scope of duties	
City Paid Health Benefits Allowance (HBA) Excess HBA over premium amount is paid to employee as taxable ABC Cash (cafeteria plan)	1/1/04: HBA \$866/mo (no ABC cash)	1/1/04: HBA \$866/mo (no ABC cash)	CalPERS Medical Plans Premium varies Max HBA 1/1/04 = \$866/mo* 1/1/05 = \$953/mo* 1/1/06 = \$1048/mo* 1/1/07 = \$1153/mo* *These Amounts are possible maximums; actual amount is based on an Index- See MOU for details.	CalPERS Medical Plans Premium varies Max HBA 1/1/04 = \$866/mo* 1/1/05 = \$953/mo* 1/1/06 = \$1048/mo* 1/1/07 = \$1153/mo*	CalPERS Medical Plans Premium varies Max HBA 1/1/04 = \$866/mo* 1/1/05 = \$953/mo* 1/1/06 = \$1048/mo* 1/1/07 = \$1153/mo* ABC cashcap \$580/mo	CalPERS Medical Plans Premium varies Max HBA 1/1/04 = \$866/mo* 1/1/05 = \$953/mo* 1/1/06 = \$1048/mo* 1/1/07 = \$1153/mo* ABC cash cap \$580/mo	
Dental Plans Premiums eff. 1/1/04	Delta EE=\$ 35.27 mo Delta E1=\$ 64.85 mo Delta E2=\$104.43mo (Paid from HBA above)	Delta EE =\$ 35.27 mo Delta E1 = \$ 64.85 mo Delta E2 = \$ 104.43 mo (Paid from HBA above)	Delta EE = \$ 35.27 mo Delta E1 = \$ 64.85 mo Delta E2 = \$ 104.43 mo (Paid from HBA above)	Delta EE =\$ 35.27mo Delta E1=\$ 64.85 mo Delta E2=\$104.43mo (Paid from HBA above)	Delta EE = \$ 35.27 mo Delta E1 = \$ 64.85 mo Delta E2 = \$ 104.43 mo (Paid from HBA above)	Delta EE = \$ 35.27 mo Delta E1 = \$ 64.85 mo Delta E2 = \$ 104.43 mo (Paid from HBA above)	
Vision Care (Vision Service Plan) Voluntary enrollment Premiums eff. 1/1/03	EE= \$8.74 E1=\$13.86 E2=\$24.85	EE= \$8.74 E1=\$13.86 E2=\$24.85	EE= \$8.74 E1=\$13.86 E2=\$24.85	EE= \$8.74 E1=\$13.86 E2=\$24.85	EE= \$8.74 E1=\$13.86 E2=\$24.85	EE= \$8.74 E1=\$13.86 E2=\$24.85	
City Paid Life Insurance	\$250,000 Employee Cov \$35.00 monthly \$1,500 Dependent Cov \$0.35 monthly	\$250,000 Employee Cov \$35.00 monthly \$1,500 Dependent Cov \$0.35 monthly	\$100,000 Employee Cov \$14.00 monthly \$1,500 Dependent Cov \$0.35 monthly	\$100,000 Employee Cov \$14.00 monthly \$1,500 Dependent Cov \$0.35 monthly	\$100,000 Employee Cov \$14.00 monthly \$1,500 Dependent Cov \$0.35 monthly	\$100,000 Employee Cov \$14.00 monthly \$1,500 Dependent Cov \$0.35 monthly	
AD&D Insurance -Voluntary Employee/Spouse/and Family coverage available	Employee pays, premium varies by volume & type of coverage	Employee pays, premium varies by volume & type of coverage	Employee pays, premium varies by volume & type of coverage	Employee pays, premium varies by volume & type of coverage	Employee pays, premium varies by volume & type of coverage	Employee pays, premium varies by volume & type of coverage	

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Long Term Disability Insurance monthly Premium 1/1/03	Monthly Benefit limit is 2/3 of Base Salary Prem is .80% of base salary Max Cov Sal=\$15,000 mo	Monthly Benefit limit is 2/3 of Base Salary Prem is .80% of base salary Max Cov Sal=\$15,000 mo	Monthly Benefit limit is 2/3 of Base Salary Prem is .80% of base salary Max Cov Sal=\$15,000 mo	Monthly Benefit limit is 2/3 of Base Salary Prem is .80% of base salary Max Cov Sal=\$15,000 mo	Monthly Benefit limit is 2/3 of Base Salary Prem is .80% of base salary Max Cov Sal=\$15,000 mo	Monthly Benefit limit is 2/3 of Base Salary Prem is .80% of base salary Max Cov Sal=\$15,000 mo	
Employee Assistance Plan City Paid	\$4.23 monthly	\$4.23 monthly	\$4.23 monthly	\$4.23 monthly	\$4.23 monthly	\$4.23 monthly	
Retiree Health Benefits Retirees have an option to remain under a City plan or enroll in a plan not sponsored by the City and still receive a reimbursement of premium costs up to the maximum amount specified in the MOU. This applies to each bargaining unit shown.	Varies by Retire Date & Years of Service Prem Reimbursement 0-9 yrs = \$200 10-19 yrs = \$225 20-29 yrs = \$250 30+ yrs = \$275 <u>Retire on or after 7/1/01</u> with 20+ years of Service = Kaiser premium rate for single on 1/1/02 or premium at retirement, <u>Retire on or after 7/1/01</u> with 25+ years = Kaiser premium rate for two on 1/1/03 or premium at retirement Provides up to 10 yrs of service with other public agencies	Varies by Retire Date & Years of Service Prem Reimbursement 0-9 yrs = \$200 10-19 yrs = \$225 20-29 yrs = \$250 30+ yrs = \$275 <u>Retire on or after 7/1/01</u> with 20+ years of Service = Kaiser premium rate for single on 1/1/02 or premium at retirement, <u>Retire on or after 7/1/01</u> with 25+ years = Kaiser premium rate for two on 1/1/03 or premium at retirement Provides up to 10 yrs of service with other public agencies	Varies by Retire Date & Years of Service Prem Reimbursement 0-9 yrs = \$200 10-19 yrs = \$225 20-29 yrs = \$250 30+ yrs = \$275 <u>Retire on or after 7/1/01</u> with 20+ years of Service = Kaiser premium rate for single on 1/1/02 or premium at retirement, <u>Retire on or after 7/1/01</u> with 25+ years = Kaiser premium rate for two on 1/1/03 or premium at retirement Provides up to 10 yrs of service with other public agencies	Varies by Retire Date & Years of Service Prem Reimbursement 0-9 yrs = \$200 10-19 yrs = \$225 20-29 yrs = \$250 30+ yrs = \$275 <u>Retire on or after 7/1/01</u> with 20+ years of Service = Kaiser premium rate for single on 1/1/02 or premium at retirement, <u>Retire on or after 7/1/01</u> with 25+ years = Kaiser premium rate for two on 1/1/03 or premium at retirement Provides up to 10 yrs of service with other public agencies	Varies by Retire Date & Years of Service Prem Reimbursement 0-9 yrs = \$200 10-19 yrs = \$225 20-29 yrs = \$250 30+ yrs = \$275 <u>Retire on or after 7/1/01</u> with 20+ years of Service = Kaiser premium rate for single on 1/1/02 or premium at retirement, <u>Retire on or after 7/1/01</u> with 25+ years = Kaiser premium rate for two on 1/1/03 or premium at retirement Provides up to 10 yrs of service with other public agencies	Varies by Retire Date & Years of Service Prem Reimbursement 0-9 yrs = \$200 10-19 yrs = \$225 20-29 yrs = \$250 30+ yrs = \$275 <u>Retire on or after 7/1/01</u> with 20+ years of Service = Kaiser premium rate for single on 1/1/02 or premium at retirement, <u>Retire on or after 7/1/01</u> with 25+ years = Kaiser premium rate for two on 1/1/03 or premium at retirement Provides upto 10 yrs of service with other public agencies	
Annual Leave-General (General Leave Hours accrue in place of Vacation and Sick Leave Hours)	220 hours annually	204 hours annually	0-5 = 128 hrs 6-10 = 152 hrs 11-15 = 164 hrs 16+ = 188 hrs	0-5 = 108 hrs 6-10 = 132 hrs 11-15 = 132 hrs 16+ = 156 hrs	0-5 = 128 hrs 6-10 = 152 hrs 11-15 = 164 hrs 16+ = 188 hrs	0-5 = 128 hrs 6-10 = 152 hrs 11-15 = 164 hrs 16+ = 188 hrs	
Vacation Accrual	N/A	N/A	N/A	N/A	N/A	N/A	
Sick Leave	N/A	N/A	N/A	N/A	N/A	N/A	
Maximum Accruals (Excess hours roll over to a sick leave bank)	0-5 = 315 hrs 6-10 = 351 hrs 11-15 = 387 hrs 16+ = 423 hrs	0-5 = 315 hrs 6-10 = 351 hrs 11-15 = 387 hrs 16+ = 423 hrs	0-5 = 315 hrs 6-10 = 351 hrs 11-15 = 387 hrs 16+ = 423 hrs	0-5 = 315 hrs 6-10 = 351 hrs 11-15 = 387 hrs 16+ = 423 hrs	0-5 = 315 hrs 6-10 = 351 hrs 11-15 = 387 hrs 16+ = 423 hrs	0-5 = 315 hrs 6-10 = 351 hrs 11-15 = 387 hrs 16+ = 423 hrs	
Leave liquidation program	See FAME MOU	See FAME MOU	See FAME MOU	See FAME MOU	See FAME MOU	See FAME MOU	

Contract Information Represented Units	City Manager	City Attorney	Fremont Association of Management Employees FAME	Safety Management FAME	Unrepresented Fremont Officials UFO's Department City Mgr/ Asst City Mgr (2)	Unrepresented Management Employee UME	
Management Leave (Non-Accruable annual use or lose)	0-10 = 104 hrs 11+ = 116 hrs	0-10 = 104 hrs 11+ = 116 hrs	0-10 = 104 hrs 11+ = 116 hrs	0-10 = 80 hrs 11-24 = 104 hrs 24+ = 56 hrs	0-10 = 104 hrs 11+ = 116 hrs	0-10 = 104 hrs 11+ = 116 hrs	
Floating Holiday (Non-Accruable annual use or lose)	N/A	N/A	8	8	N/A	N/A	
Holidays - Annual	12 days paid	12 days paid	12 days paid	96 hr bank with payout option (See MOU for details)	12 days paid	12 days paid	
Catastrophic Leave Bank (Bridge Pool): bridge gap to LTD	N/A	N/A	1000 hours/fiscal yr for Bargaining Unit	1000 hours/fiscal yr for Bargaining Unit	N/A	N/A	
Bereavement Leave	2 days (16 hours)	2 days (16 hours)	2 days (16 hours)	2 days (16 hours)	2 days (16 hours)	2 days (16 hours)	
Personal Emergency Leave Bank	Donations of hours from other employees	Donations of hours from other employees	Donations of hours from other employees	Donations of hours from other employees	Donations of hours from other employees	Donations of hours from other employees	

Note: The Human Resources Department has prepared this benefit Summary to provide a reference tool for staff and other agencies. The information has been compiled using current MOU information and is only a brief summary of benefits. Please see the MOU's for specifics. MOU's are posted on the City's Intranet (internal) and internet sites. The UFO'S (Unrepresented Fremont Officials – at will) and UME (Unrepresented Management Employees) do not have an MOU but have annual contracts which provide benefits similar to the FAME MOU however; their benefits may not be exactly the same as the FAME group.